

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEF	IND	DEF	IND	DEF		IND	DEF	IND	DEF	IND	DEF
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.								TOTAL IND.					
TOTAL DEF.								TOTAL DEF.					
TOTAL CLAIMS								TOTAL CLAIMS					